

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024735

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

318
FILED JUN 2 1962

Primary Registration District No.

Registrar's No.

6203

VS 300
Rev. 4/59

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2841028X

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Tennessee COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 20 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospital, Inc.		d. STREET ADDRESS (If outside, give location) 815 Florida Sts.	
3. NAME OF DECEASED (Type or print) First Charles Middle William Last Hewitt		4. DATE OF DEATH Month June Day 23 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 03-20-1900
9. AGE (last birthday) 62		IF UNDER 1 YEAR Months 3 Days 3 Hours 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (City and state or country) Altoona, Pa.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Camilla		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Camilla Hewitt, Memphis, Tenn.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Occlusion of decending branch of Coronary artery with recent infarct. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Carcinoma of Epiglottis. DUE TO (c) Pyelonephrosis			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:35 a.m. PM Month, Day, Year June 4, 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 4, 1962 to June 23, 1962 and last saw him alive on June 23, 1962 Death occurred at 12:35 PM m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Henry A. Whittemyer M.D.	
22b. ADDRESS 1755 S. Grand Blvd.		22c. DATE SIGNED 6-23-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-24-62	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) (State) Memphis, Tenn.		23e. REGISTRAR'S SIGNATURE Joel Smith M.D.	
24. FUNERAL DIRECTOR National Funeral Home, Memphis, Tenn.		25. DATE RECD. BY LOCAL REG. JUN 25 1962	

JUL 3 1962

Tennessee

Memphis

50 days

St. Louis

815 Florida Ave.

x

St. Louis-Little Rock
Hospital, Inc.

June 24, 1962

Heffitt

William

Charles

x

White

Male

8

8

82

00-10-1900

Registered

Switchman

Smith

Declaration of deceased branch of Cemetery

STATEMENT BY LICENSED EMBALMER

Declaration of Embalmer

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4596

P. O. Address St. Louis, Mo

June 24, 1962

xx

June 24, 1962

June 24, 1962

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

82-82-8